

City of Eau Claire, Wisconsin Vendor Registration Application

Return To:

Purchasing Manager
City of Eau Claire
P.O. Box 5148

Eau Claire, WI 54702-5148

Please! Before beginning, read the instructions found on a separate page.

Date of Application: _____

1. Business Name & Address (where bid notices may be sent): _____ _____ _____ _____	2. Sales Contact: Name: _____ Telephone: _____ Fax: _____
3. Address where payment should be sent: _____ _____ _____	4. Affiliated Companies (name & relationship) (attach additional pages if necessary): _____ _____ _____

5. Do any City of Eau Claire employees (appointed or elected) have any direct or indirect financial interest in your company?
☐ NO ☐ YES--If yes, please submit details on company letterhead.

6. Business Type:

<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Retailer/Dealer
<input type="checkbox"/> Construction/Repair	<input type="checkbox"/> Services	<input type="checkbox"/> Services--Professional (medical, legal, A/E, financial, etc.)

If not certain, describe your business here. We will select the appropriate category for you. _____

7. Equal Employment Opportunity Contractor? ☐ YES ☐ NO

8. Minority Status (attach substantiating documents if other than caucasian):

<input type="checkbox"/> Native American	<input type="checkbox"/> Aleut	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Asian Pacific
<input type="checkbox"/> Black	<input type="checkbox"/> Eskimo	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Female	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other-specify _____	

9. Federal Employer Identification Number or Social Security Number _____

10. How long has your company been in business? _____

11. Is there a dollar level below which bid notices need not be sent to you?

- ☐ Below \$500 ☐ Below \$80,000
☐ Below \$1,000 ☐ Below \$200,000
☐ Below \$5,000 ☐ Below \$500,000
☐ Below \$10,000 ☐ Below \$1,000,000
☐ Below \$20,000
☐ Below \$40,000

12. Average annual sales or receipts for preceeding three fiscal years:

- ☐ Below \$100,000
☐ \$100,000 to \$500,000
☐ \$500,000 to \$1,500,000
☐ \$1,500,000 to \$5,000,000
☐ \$5,000,000 to \$10,000,000
☐ Above \$10,000,000

13. Business organization:

- ☐ Sole Proprietorship ☐ Partnership ☐ Corporation--When: _____ What state: _____
☐ Joint Venture ☐ Government ☐ Other--Specify: _____

15. Average number of employees for four preceeding calendar quarters: _____

16. Names of owners, partners, officers, etc. (attach additional pages if necessary):

- a. _____ b. _____
c. _____ d. _____

17. Bank Reference (bank name, address & telephone number): _____

18. Describe the supplies/services/construction available from your company.

A. Standard Industrial Classification (SIC) _____

B. Description (As much detail as possible): _____

If more than one SIC applies, please attach additional page(s). If you are unsure of your SIC, please describe your business by using the descriptive heading(s) under which you are listed in the yellow pages of the telephone directory. We will determine your SIC.

I certify that to the best of my knowledge, the above information is true and correct.

Signature _____ Date _____

Name (typed): _____ Title: _____

For Purchasing Use Only					